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**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number: 30565**OR**☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number: 30565**OR**☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

Assignee Name and Address:

MED Institute, Inc.  
 Geddes Way  
 West Lafayette, Indiana 47906

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	Neal Fearnot	Date	26 MARCH 2008
Name	Neal Fearnot	Telephone	265-463-7537
Title	President		

516553

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**OR**

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

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☒ The address associated with Customer Number: **30565**

**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone		Email	docketdept@uspatent.com

Assignee Name and Address:

**Cook Incorporated  
P.O. Box 489  
Bloomington, Indiana 47402**

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Thomas A. Osborne</i>	Date	Feb. 20, 2006
Name	Thomas A. Osborne	Telephone	812-339-2235
Title	Senior Vice President of IP Growth and Development		